|  |  |  |
| --- | --- | --- |
|  | **CERTIFICATE OF LIABILITY INSURANCE** | DATE (MM/DD/YY)3/8/2017 |
|  | **THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.** |  |
|  | **IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).** |  |
| **PRODUCER**Affinity Nonprofits, a Division of Affinity Insurance Services, Inc.1120 205h St NW, 6th FloorWashington, DC 20036 | **CONTACT****NAME:** | Michelle Evans |
| **PHONE****(A/C, No. Ext):** | 800-432-7465 | **FAX****(A/C, No):** | 847-953-2670 |
| **E-MAIL****ADDRESS:** | michelle.evans@affinitynonprofits.com |
| **PRODUCER****CUSTOMER ID#:** |  |
| **INSURER(S) AFFORDING COVERAGE** | **NAIC #** |
| **INSURED**Soroptimist International of the Americas1709 Spruce StreetPhiladelphia, PA 19103 | **INSURER A:** | Great American Ins Co of NY |  |
| **INSURER B:** |  |  |
| **INSURER C:** |  |  |
| **INSURER D:** |  |  |
| **INSURER E:** |  |  |
| **INSURER F:** |  |  |
|  **COVERAGES** | **CERTIFICATE NUMBER:** |  |  |  |  | **REVISION NUMBER:** |  |
|  | THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED OT THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSION AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |
| **INSR****LTR** | **TYPE OF INSURANCE** | **ADDL****INSR** | **SUBR****WVD** | **POLICY NUMBER** | **POLICY EFF****(MM/DD/YY)** | **POLICY EXP****(MM/DD/YY)** | **LIMITS** |
|  | **GENERAL LIABILITY** |  |  |  |  |  | EACH OCCURRENCE | $ | 1,000,000 |
|  | **X** | COMMERCIAL GENERAL LIABILITY |  |  |  |  |  | DAMAGE TO RENTEDPREMISES (Ea Occurrence) | $ | 1,000,000 |
|  |  |  | CLAIMS-MADE | **X** | OCCUR |  |  |  |  |  | MED EXP (Any one person) | $ | 5,000 |
| A | **X** | **Professional Liability - $1M/$2M** |  |  | **MAC1129385** | **4/1/2017** | **4/1/2018** | PERSONAL & ADV INJURY | $ | 1,000,000 |
|  | **X** | **Sexual Abuse - $1M/$2M** |  |  |  |  |  | GENERAL AGGREGATE | $ | 2,000,000 |
|  | GEN’L AGGREGATE LIMIT APPLIES PER: |  |  |  |  |  | PRODUCTS - COMP/OP AGG | $ | 2,000,000 |
|  |  | POLICY |  | PRO-JECT |  | LOC |  |  |  |  |  | **Liquor Liability** | $ | 1,000,000 |
|  | **AUTOMOBILE LIABILITY** |  |  |  |  |  | **COMBINED SINGLE LIMIT****(Ea accident)** | $ | 1,000,000 |
|  |  | ANY AUTO |  |  |  |  |  | **BODILY INJURY (Per person)** | $ |  |
|  |  | ALL OWNED AUTOS |  |  |  |  |  | **BODILY INJURY (Per acc)** | $ |  |
| A |  | SCHEDULED AUTOS |  |  | **MAC1129385** | **4/1/2017** | **4/1/2018** | **PROPERTY DAMAGE** **(Per Accident)** | $ |  |
|  | **X** | HIRED AUTOS |  |  |  |  |  |  | $ |  |
|  | **X** | NON-OWNED AUTOS |  |  |  |  |  |  | $ |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **X** | **UMBRELLA LIAB** | **X** | OCCUR |  |  |  |  |  | EACH OCCURRENCE | $ | 1,000,000 |
|  |  | **EXCESS LIAB** |  | CLAIMS-MADE |  |  |  |  |  | **AGGREGATE** | $ | 1,000,000 |
| A |  | DEDUCTIBLE |  |  | **UMB1129386** | **4/1/2017** | **4/1/2018** |  | $ |  |
|  | **X** | RETENTION $ | 10,000 |  |  |  |  |  |  | $ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **WORKERS COMPENSATION****AND EMPLOYERS’ LIABILITY**ANY PROPRIETOR/PARTNER/EXECUTIVEOFFICER/MEMBER EXCLUDED?**(Mandatory in NH)**If yes, describe underDESCRIPTION OF OPERATIONS below |  |  |  |  |  |  | **WC STATU-TORY LIMITS** |  | **OTHER** |  |  |
|  | **N/A** |  |  |  |  | **E.L. EACH ACCIDENT** | $ |  |
|  |  |  |  |  |  | **E.L. DISEASE - EA EMPLOYEE** | $ |  |
|  |  |  |  |  |  | **E.L. DISEASE - POLICY LIMIT** | $ |  |
| **DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 1010, Additional Remarks Schedule, if more space is required)** |
| The Named Insured **and its Clubs’** networking meetings and/or events that do not include the following: Parades, Fireworks exhibits, Carnivals and fairs with mechanical rides, and Rodeos sponsored by the insured; Aircraft; Motorcycle runs or automobile rallies; Firearms; Animals other than house pets; Events including contact sports; Rock, Rap or Hip-Hop concerts; Political rallies; Any event with more than 1,000 people per day or lasting more than 5 days (even if otherwise acceptable); Any activities by third party telemarketing, direct mail, or internet advertising (including spam) firms.**Event details:** **Special wording:**  |
| **CERTIFICATE HOLDER** | **CANCELLATION** |
|     | **SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.** |
| AUTHORIZED REPRESENTATIVE |
| Sharon P. Fine |
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